PART B - FEE(S) TRANSMITTAL

Complete and send this form, togethe, with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

01/15/2009

FILING DATE

05/25/2007

UNILEVER PATENT GROUP

ENGLEWOOD CLIFFS, NJ 07632-3100

800 SYLVAN AVENUE AG West S. Wing

APPLICATION NO

10/576,647

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

Certificate of Mailing or Transmission

I hereby certify that this Feeds (Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (\$71) 273-2885, on the date indicated below.

ATTORNEY DOCKET NO.

C4328(C)

(Depositor's name) (Signatur (Dan-

CONFIRMATION NO.

5444

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where properties All inteller correspondence including the Platent, advances orders and solitication of maintenance fees will be mainted to the current correspondence adultics as adulties as a state of the properties of the prop Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FIRST NAMED INVENTOR

Ronald Hage

TITLE OF INVENTION: BISPIDON-DERIVATED LIGANDS AND COMPLEXES THEREOF FOR CATALYTICALLY BLEACHING A SUBSTRATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/15/2009
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS			
DELCOTTO, GREGORY R 1796		252-186240				
Change of correspond CFR 1.363).	ence address or indication	n of "Fee Address" (37	2. For printing on the p	atent front page, list	, Rimma Mi	telman
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered pattent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	oc)		
PLEASE NOTE: Un recordation as set for	less an assignce is ident th in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the part a substitute for filing an	atent. If an assignee is ic assignment.	lentified below, the docur	ment has been filed for
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	and STATE OR COUNT	RY)	
Conopco Inc	., d/b/a UNIL	EVER	700 Sylvan A			
				iffs, New Jers		
Please check the appropriate	iate assignce category or	categories (will not be p	rinted on the patent) :	Individual 🛣 Corporati	on or other private group	entity 🗖 Governmen
4a. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (Plea	se first reapply any prev	iously paid issue fee sho	wn above)
Issue Fee Publication Fee (No small entity discount permitted)			A check is enclosed.			
Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the creamed lee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12—1155 (enclose an extra copy of this form).			
5. Change in Entity Sta	tus (from status indicate	d above)	,			,,,
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.			☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1,27(g)(2).			
NOTE: The Issue Fee ar interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other than to Office.	he applicant, a registered a	attorney or agent; or the as	signee or other party
Authorized Signature	Rower	a firth	lean	Date 1/22	/09	
Typed or printed name Rimma Mitelman			Registration No. 34,396			
This collection of inform an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, \ Alexandria, Virginia 22:	ation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this but firginia 22313-1450. DC 13-1450.	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain or r 1.14. This collection is est depending upon the indiv e Chief Information Office COMPLETED FORMS TO	etain a benefit by the publ imated to take 12 minutes idual case. Any comment r, U.S. Patent and Traden THIS ADDRESS. SENI	ic which is to file (and by to complete, including gs s on the amount of time) ark Office, U.S. Departm of TO: Commissioner for I	the USPTO to proces athering, preparing, ar you require to comple ent of Commerce, P.O. Patents, P.O. Box 145
Under the Paperwork Re	duction Act of 1995, no	persons are required to re-	spond to a collection of infe	ormation unless it displays	a valid OMB control nur	nber.